



ANNUAL KINDERGARTEN IMMUNIZATION REPORT INSTRUCTIONS

1. **County and School District** – Enter the county and school district you are located in. If you are a charter, federal or private school, please leave the school district section blank.
2. **School Type** – Choose the best description of your school type.
3. **LEA/School Code Number** – This is the code number used to identify your school. If you do not know your code number, please ask your school administrator or data manager.
 - a. Public or federal schools: three digit LEA code and three digit school code combined into one six digit school number.
 - b. Charter schools: two digit numerical code followed by a one digit letter code
 - c. Private religious and private independent schools: in the online survey, type 00000 in this section.
4. **School Name**
5. **Address**
6. **City**
7. **Zip Code**
8. **Phone Number**
9. **Principal's Name**
10. **Principals' Email**
11. **Name of the person completing report** – Enter the person who is responsible for the content of the report. This is used in case there is a question about your report.
12. **Title of the person completing report** – Enter title of the person who is responsible for the content of the report.
13. **Email of the person completing report** – Enter the best email to contact you in case there is an issue.
14. **Does your school have any kindergarten students enrolled for the 2016-2017 school year** – Choose the best answer. If you do not have kindergarten students, you do not need to continue the report and can submit it online now. *If you currently serve this grade level, continue the report.*
 - a. Public/Charter/Federal schools: If the Department of Public Instruction's EDDIE system indicates that you have kindergarten students, you must submit a report even if your school does not serve this grade level currently.

To check if you need to submit a report, look up your school at <http://apps.schools.nc.gov/eddie> and verify that the "Grade Level Current" field includes kindergarten (KG).
 - b. Private religious and independent schools: If the Department of Non-Public Education has recorded that you had kindergarten students enrolled during

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the previous school year, you must submit a report even if your schools does not serve this grade level currently.

IMMUNIZATION SUMMARY

15. **Official School Start Date and Date of Immunization Assessment** – Enter the first day of school and the day you are completing the report. The information in this report is related to compliance as of the 30th calendar day. Do not submit your report until 30 calendar days after the start of the new school year.
16. **Total kindergarten enrollment** – Enter the number of students enrolled in the grade.
17. **Students with an immunization record and no exemptions on file** – Enter the number of students who have an immunization record or proof of immunity to one or more vaccines with no religious or Medical Exemption to immunizations on file.
18. **Students with an immunization record and an exemption on file** – Some students with exemptions may have received some vaccines. Enter the number of students who have a medical or religious exemption to one or more vaccines and an immunization record or proof of immunity to one or more vaccines on file. For information about exemptions, please visit:
www.immunize.nc.gov/schools/ncexemptions.htm
19. **Students with only a medical and/or religious exemption on file and no immunization record** – Enter the number of students who have a valid medical or religious exemption to immunizations to one or more vaccines on file and no immunization record or proof of immunity on file. For information about exemptions, please visit: www.immunize.nc.gov/schools/ncexemptions.htm
20. **Students with neither an immunization record nor exemption on file** – Enter the number of students who do not have an immunization record, any proof of immunity, or an exemption to immunizations on file.
21. **Total number of students reviewed** – Add up the entries to #17-#20. This should equal the total enrollment in #16. Please verify that you have reviewed all students and that your enrollment numbers are correct if they do not match.



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MEDICAL EXEMPTIONS

22. Of those students who have an exemption for immunizations, how many of them are for medical reasons? – Enter the number of students from #18 and #19 who have a valid Medical Exemption to one or more vaccines on file. A valid Medical Exemption requires a signed statement from a physician licensed to practice medicine in North Carolina. The statement must explain the specific reason why each vaccine is detrimental to the student's health and the length of time the exemption will apply. This is either DHHS 3987 or a signed statement from the State Health Director that grants this exemption. A doctor's note or parent statement is not sufficient for a Medical Exemption. A Medical Exemption is not proof of immunity to a disease.
23. How many of those students are medically exempt for all vaccines? – Enter the number of students whose Medical Exemption covers all vaccines.
24. Of those students who are not medically exempt for all vaccines, how many are exempt for – Enter the number of students who have medical exemptions to the following vaccine(s):
- | | |
|-----------|-----------------|
| a. DTaP? | d. Hepatitis B? |
| b. Polio? | e. Hib? |
| c. MMR? | f. Varicella? |

RELIGIOUS EXEMPTIONS

25. Of those students who have an exemption for immunizations, how many of them are for religious reasons? – Enter the number of students from #18 and #19 who have a valid Religious Exemption to one or more vaccines on file. A student may be exempt when the parent or guardian submits a written statement explaining that it is against their *bona fide* religious belief to have their child immunized. This statement must include the name and date of birth of the person for whom the exemption is being requested. These statements do not need to be notarized, signed by a religious leader, or prepared by an attorney. They do not need to be submitted to the state for review or approval.
26. How many students are religiously exempt for – Enter the number of students who have religious exemptions to the following vaccine(s) as specified on their religious exemption statement:
- | | |
|-----------|-----------------|
| a. DTaP? | d. Hepatitis B? |
| b. Polio? | e. Hib? |
| c. MMR? | f. Varicella? |



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VACCINE COVERAGE

27. How many students are up-to-date on all required vaccines? – For the students who were counted in #17 and #18, how many had a complete record of DTaP (5/4 doses), Polio (4/3 doses), MMR (2 doses), Hepatitis B (3 doses), Hib, and Varicella (2 doses). This number cannot be greater than any of the answers in #28a-f.
28. Of those students who have an immunization record on file, how many are up-to-date for – For those students who were counted in #17 and #18, indicate the number of students who had the appropriate number of doses per antigen. Include those who met the requirements for #27.
- DTaP (5/4 doses)?** – Enter the number of students who have received 5 doses of DTaP vaccine or 4 doses with the 4th dose on or after the 4th birthday. The final dose must have been received at 4 years of age or older.
 - Polio (4/3 doses)?** – Enter the number of students who have received 4 doses of polio-containing vaccine (IPV or OPV) or 3 doses with the 3rd dose on or after the 4th birthday, or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease. The final dose must have been received at 4 years of age or older.
 - MMR (2 doses)?** – Enter the number of students who have received 2 doses of measles vaccine, the first of which must have been received no more than 4 days prior to their first birthday, or who have demonstrated serological evidence of immunity to measles, mumps, or rubella disease. A physician's diagnosis is not acceptable for mumps or rubella disease.
 - Hepatitis B (3 doses)?** – Enter the number of students who have received 3 doses of hepatitis B containing vaccine.
 - Hib?** – Enter the number of students who have received an age and interval appropriate number of Hib containing vaccine, or who have passed their fifth birthday.
 - Varicella (2 doses)?** – Enter the number of students who have received 2 doses of varicella vaccine, the first of which must have been received no more than 4 days prior to their first birthday, or who have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or who have demonstrated serological evidence of immunity to varicella disease. A diagnosis includes documentation from the student's physician that includes the name of the individual with a history of varicella disease, the approximate date or age of infection, and a provider signature.



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COMPLIANCE

29. How many students are missing documentation for – Count the number of students who do not have proof of immunization or immunity for the following vaccines. This includes students who have an incomplete immunization record on file or no immunization record. Do not include students with a medical or religious exemption that covers the immunizations in this question.
- DTaP?
 - Polio?
 - MMR?
 - Hepatitis B?
 - Hib? – Do not include those who have aged out of the requirement.
 - Varicella?
30. How many students did not meet the minimum immunization requirements by the first day of attendance and were given 30 calendar days to meet the requirements? – Enter the number of students who did not meet the immunization requirements on the first day of school. By law, the parent, guardian or responsible person shall have 30 calendar days from the first day of attendance to obtain the required immunizations for the child. If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon certification by a physician may be allowed to obtain the required immunization.
31. How many students did not meet the minimum immunization requirements as of the assessment date? – Enter the number of students who did not meet the minimum immunization requirements as of the date entered in 14b.
32. How many students were noncompliant on the 31st calendar day and were excluded due to immunizations? – Enter the number of students who were not allowed to attend school because they did not meet the state immunization requirements. By law, upon termination of 30 calendar days (or the extended period), the principal or operator shall not permit the child to attend the school or facility unless the required immunization has been obtained.
33. How many students were “in process” as of the 31st calendar day and will need additional time to obtain the required immunization(s)? – Enter the number of students who do not meet the state immunization requirements, but the administration of those additional doses given at medically approved intervals requires an excess of 30 calendar days. These students should be tracked at the school level and not excluded from school unless they fail to receive the required immunizations at the end of the extended period.